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Sustainable Development Goals:



initial mapping of World Health Assembly
and Regional Committee
resolutions, strategies and action plans



Abstract

A descriptive analysis of existing resolutions, strategies and action plans investigated how commitments at the World Health Assembly and the WHO European Regional Committee contribute to reaching the 17 Sustainable Development Goals (SDGs). Two searchable Excel databases were compiled of identified global and regional WHO resolutions and action plans that contributed to either SDG 3 (health and well-being for all at all ages) and its targets or all other goals. A three-step analysis examined the number and content of these commitments, which cover a broad spectrum of relevant health topics. Strategies and action plans are available for all SDG 3 targets and many of the health-related targets in other goals. Gaps were identified in cross-cutting themes such as the social determinants of health as stand-alone resolutions and action plans. The WHO European SDG roadmap can, therefore, build on existing global and regional resolutions and action plans and should make use of identified linkages, while gaps need to be further addressed.

KEYWORDS

SUSTAINABLE DEVELOPMENT
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THROUGHOUT A LIFE-COURSE

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Introduction

Health and well-being for all at all ages and the determinants of health are at the heart of the United Nations 2030 Agenda for Sustainable Development (1) and its 17 Sustainable Development Goals (SDGs). The SDGs are universal, integrated, interdependent and indivisible. The 2030 Agenda recognizes that people's health is inseparable from the health of societies and the planet and endorses a model in which economic development is measured by its contribution to human, social and planetary progress. The implementation of the SDGs will contribute "to the full realization of human rights and fundamental freedoms for all, including the right of everyone to the enjoyment of the highest attainable standard of physical and mental health" (2).

In 2016, the Regional Committee for Europe adopted resolution EUR/RC66/R4, calling for the development of a roadmap to implement the 2030 Agenda and its 17 SDGs in order to strengthen Member States' capacities to achieve better, more equitable, sustainable health and well-being for all at all ages (3).

WHO European Member States and the Regional Office for Europe have already adopted and implemented a range of World Health Assembly and Regional Committee for Europe resolutions and relevant action plans and strategies for the improvement of health and well-being for all at all ages in coming years (4). This comprehensive basic assessment sought to understand which World Health Assembly and Regional Committee resolutions, strategies and action plans are available to support the implementation of the SDGs and the health-related targets and what are the gaps.

Methods

Initially, all technical divisions in the WHO Regional Office for Europe were asked to identify all resolutions and action plans in their related areas that work towards and contribute to any or several of the SDGs. This was followed by extensive specific keyword search and snowballing for SDG goals and targets (Annex 1 lists the goals and targets assessed).

Two searchable Excel databases were compiled, one for SDG 3 by target and one for all other SDGs by goal. Each identified resolution, declaration or action plan was analysed and reviewed in detail and the relevant SDG 3 and/or other SDG targets noted. As resolutions and action plans were listed under all relevant targets and goals, multiple listings occurred. The database also included selected relevant resolutions, declarations, conventions, action plans and strategies led by other United Nations agencies and other organizations, which will be made available on the WHO European Gateway. Conclusions drawn from this assessment informed the development of the European roadmap to implement the SDGs.

Resolutions included WHO declarations, charters and resolutions; action plans included strategies and roadmaps in addition to action plans. Selection criteria for inclusion of commitments in the analysis were:

- WHA/RC resolution or adopted strategy, action plans or roadmaps (global or regional) published by May 2017;
- relevant for reaching an SDG 3 target or another SDG; and
- still valid in 2017 or beyond.

If no end date was mentioned, a WHO commitment was considered still valid if:

- it was considered a fundamental resolution or declaration
- no subsequent resolution or action plan was identified

- the publication date was recent (2010 or later)
- the resolution or action plan tackled health threats that persist.

The analysis was carried out in three steps.

1. **Basic screening by SDGs and health targets.** This first analysis gave a broad overview of valid WHO resolutions and action plans by SDG 3 targets and all other SDGs and identified which technical areas were broadly and which were poorly addressed at the global and regional level. The main output of step 1 was the identification of potential gaps in the implementation of the SDGs through the commitments of WHO and its Member States.
2. **Thematic analysis of resolutions and action plans by goal and SDG 3 targets.** This analysed the content of global and regional resolutions and action plans for each SDG 3 target and SDG. It also investigated which commitments corresponded to the formulated aims of the respective SDG or targets. This was used as a proxy for the level of contribution to respective SDG 3 targets and all other SDGs.
3. **Cross-cutting analysis of WHO commitments that address several SDGs.** Several of the resolutions and action plans addressed multiple SDG goals or targets directly and indirectly. The interrelations were mapped for selected WHO commitments on global and regional levels using the formulated goals, aims and targets. For inclusion in step 3 of the analysis, resolutions and action plans that address multiple goals and targets had to:
 - be a WHA or RC resolution, strategy or action plan
 - be still valid in 2017
 - address four or more targets or goals
 - describe the interventions.

Findings

There were 183 resolutions (104 global and 79 regional documents) and 160 action plans (90 global and 70 regional) identified for SDG 3 targets, and 191 resolutions (108 global and 83 regional) and 153 action plans (83 global and 70 regional) for all other SDGs. On the one hand, the structure of the database resulted in multiple counts of commitments, making it difficult to assess the actual total number by goal or target. On the other hand, the database could not be claimed to be totally complete.

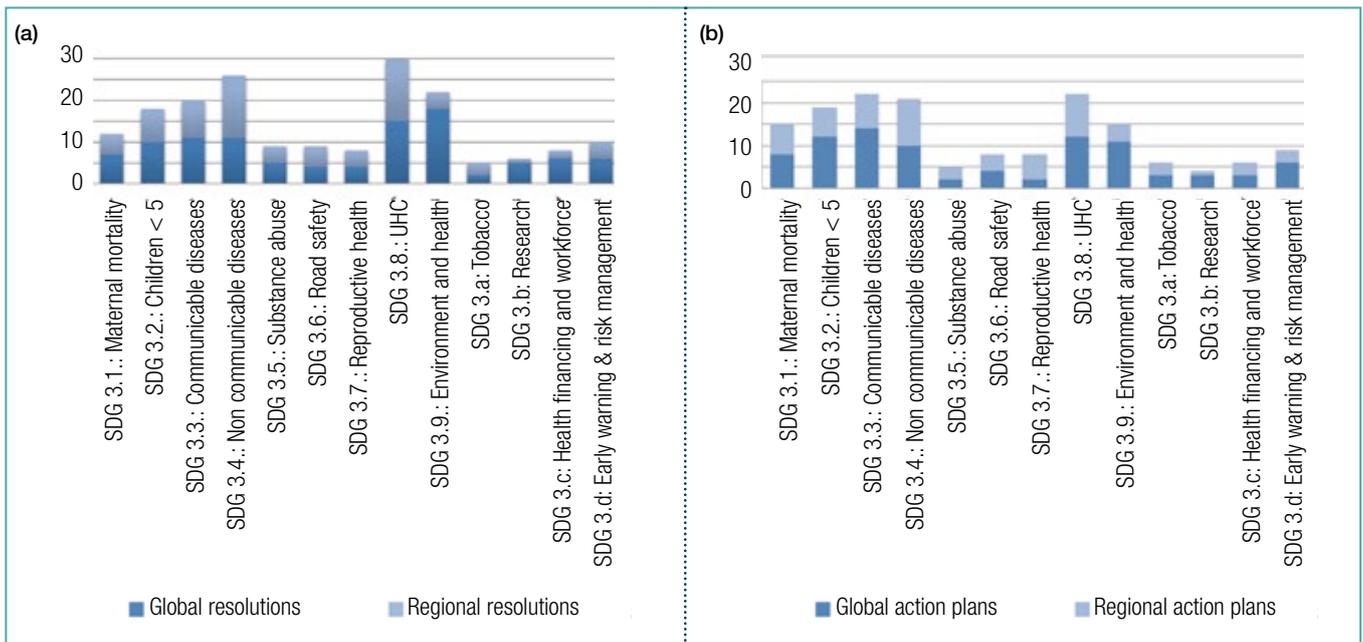
Overall, WHO is covering all SDG 3 targets, some of them with more than 20 resolutions and action plans, with a good balance between the global and the regional levels. Particular strengths could be identified in addressing child mortality (3.2), communicable diseases (3.3), noncommunicable diseases and mental health (3.4), universal health coverage and health systems strengthening (3.8) and environment and health (3.9) (Fig. 1). For the technical area of environment and health (3.9), the balance deflects towards global commitments: 18 global resolutions and 11 global action plans compared with only four regional resolutions and four regional action plans.

Among the other SDG 3 targets, 3.5, 3.6 and 3.7 are only referred to in a small number of resolutions and action plans. Targets 3.a–3.d are referred to in fewer than 10 resolutions and action plans on global and regional levels combined. Target 3b (support the research and development of vaccines and medicines) is the target least addressed in terms of WHO resolutions and action plans at the European level: one regional resolution and one regional action plan (5,6).

Contribution to the other SDGs seems to be strongest for SDG 1 (poverty), SDG 2 (hunger, food security), SDG 8 (economic growth), SDG 10 (equity), SDG 12 (sustainable production) and SDG 16 (peaceful societies) (Fig. 2). SDGs 1, 4, 8, 10 and 16 are targeted through the highest number of action plans. The European Region seems to be well represented in addressing SDGs through relevant resolutions and action plans.

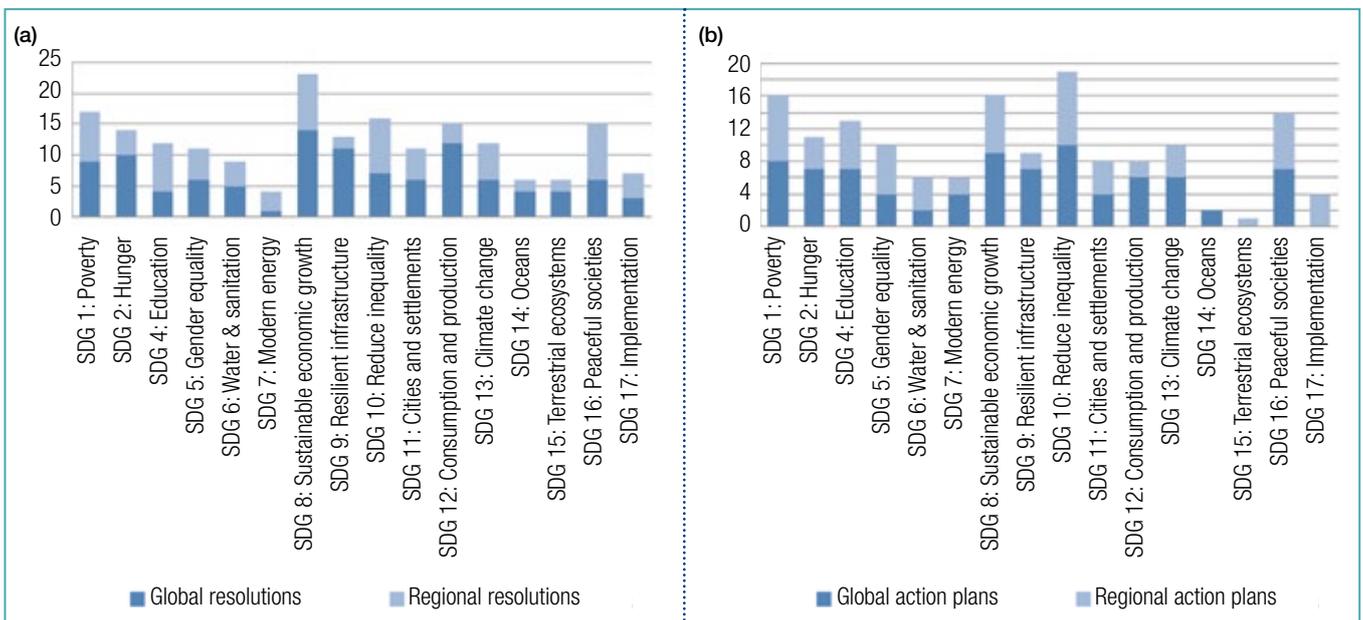
SDG 7 (modern energy), SDG 6 (water and sanitation) and SDG 17 (implementation and partnerships) are goals that appear to be less a focus in action plans. SDG 14 (oceans, seas and marine resources) and SDG 15 (terrestrial ecosystems, forests, desertification, land degradation and biodiversity loss) are examples of SDGs with only marginal appearance in WHO resolutions and action plans.

Fig. 1. Number of WHO resolutions (a) and WHO action plans (b) by SDG 3 target (global and regional)



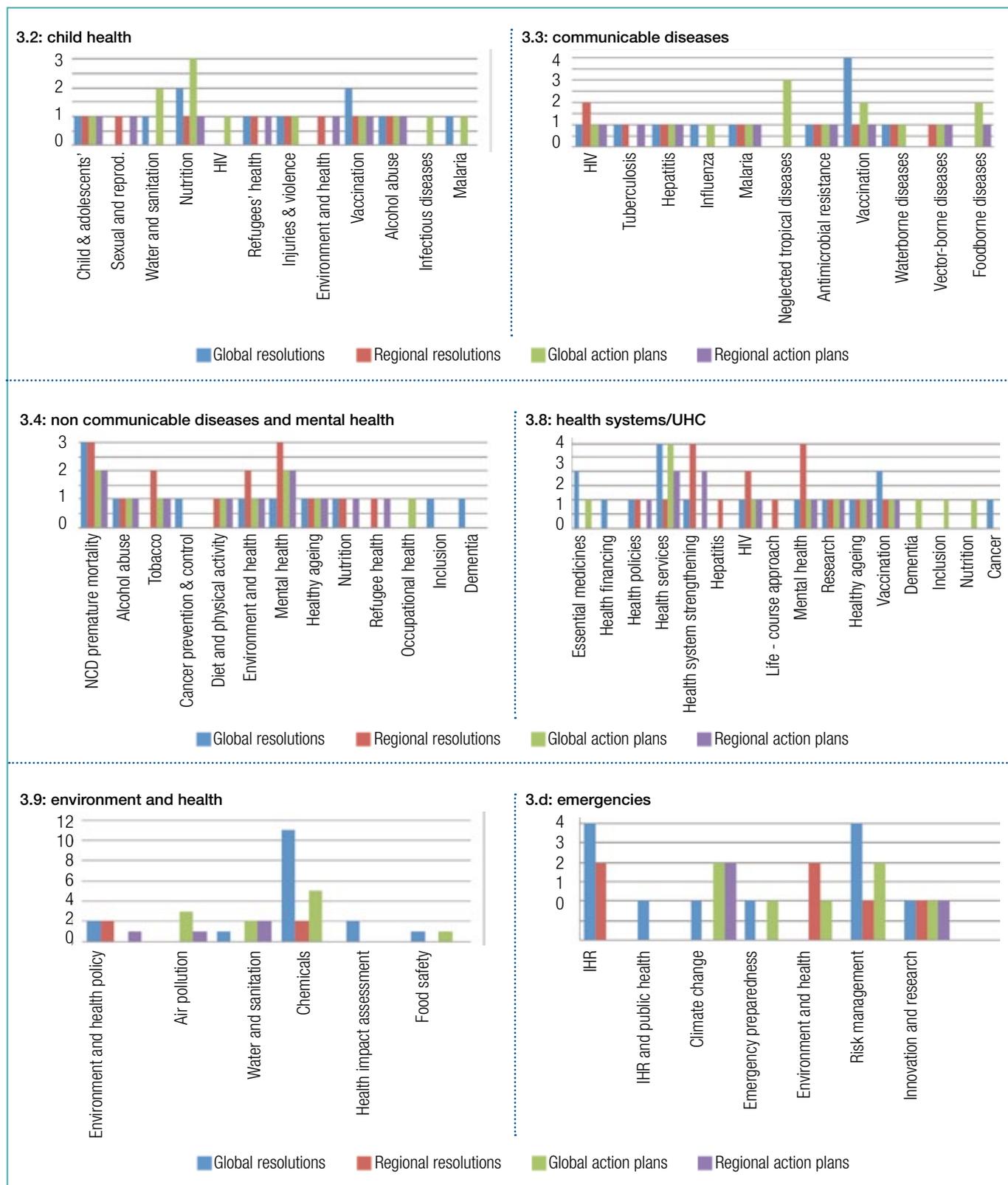
Notes: UHC: universal health coverage; FCTC: WHO Framework Convention on Tobacco Control.

Fig. 2. Number of WHO resolutions (a) and WHO action plans (b) by SDG (global and regional)



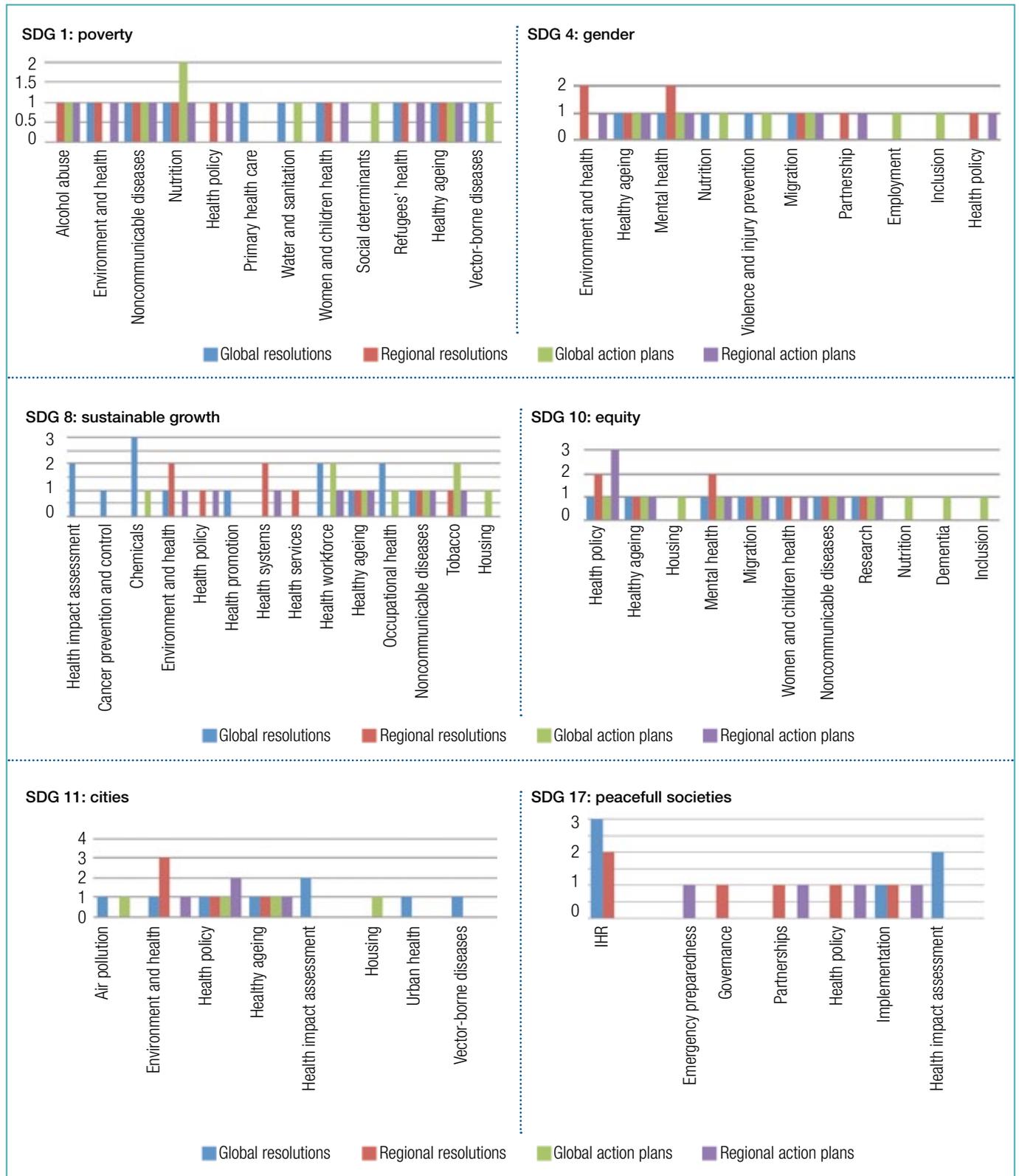
If WHO resolutions and action plans are categorized according to health themes and plotted against SDG 3 targets and all other SDGs, a pattern of stronger and weaker coverage of health themes becomes apparent. Figs. 3 and 4 illustrate examples of global and regional resolutions and action plans, by thematic areas, which do refer to or contribute to the achievements of the SDG targets or goals. The mapping exercise for selected

Fig. 3. Number of global and regional WHO commitments by themes addressing selected SDG 3 targets



WHO action plans that address several non-health SDGs showed that several commitments support an integrated cross-sectoral approach and so have a fundamental and far-reaching effect on the implementation of the 2030 Agenda.

Fig. 4. Number of global and regional WHO commitments by themes addressing selected SDGs



Step 3 of the analysis selected WHO action plans that addressed multiple targets of SDG 3 and multiple other SDGs, respectively. A number of commitments of the WHO Regional Office for Europe apply to several SDG health targets. Even though there are not many documents (Fig. 1, table 1), they allow broad coverage of relevant health issues across targets and goals in the Region and in comparison with global commitments. This includes Health 2020 (4) and the areas of environment and health, ageing, health systems strengthening and refugee/migrants' health. The vision of Health 2020 illustrates how the defined aims and targets of a policy framework can impact on and contribute to the aims of SDG 3 as well as on non-health SDGs and support links and interaction between these SDGs. The cross cutting themes of equity and social determinants of health are underrepresented in terms of stand-alone commitments on the European level compared with global commitments. The analysis of formulated goals, aims and targets identified 37 WHO action plans that correspond with SDG 3 targets and 25 WHO action plans that correspond to aims formulated in the other SDGs (data not shown).

Table 1 outlines examples of WHO commitments for the European Region, which do address most of goals and targets in comparison.

Table 1. WHO Regional Office for Europe commitments that address multiple SDGs

Examples	Vision and goals	Target date	SDG addressed
Health 2020 (4)	<i>Vision:</i> a WHO European Region in which all people are enabled and supported in achieving their full health potential and well-being and in which countries, individually and jointly, work towards reducing inequities in health within the Region and beyond	2020	1–13, 16, 17
Strategy and action plan for healthy ageing in Europe, 2012–2020 (7)	<i>Vision:</i> an age-friendly WHO European Region where population ageing is seen as an opportunity rather than a burden for society	2020	1, 3, 4, 5, 8, 10, 16
Parma declaration on environment and health (8)	<i>Regional priority goals:</i> (i) ensuring public health by improving access to safe water and sanitation; (ii) addressing obesity and injuries through safe environments, physical activity and healthy diet; (iii) preventing disease through improved outdoor and indoor air quality; and (iv) preventing disease arising from chemical, biological and physical environments	2020	3–8, 10, 11, 13

Discussion

Overall, this study demonstrates that WHO worldwide, as well specifically in the European Region, covers all SDG 3 targets and contributes to many other SDGs, with a very large number of valid commitments across a broad range of health themes. These findings reflect well the principles of WHO as set out in the preamble of its Constitution (9), which mentions, for example, health as a fundamental right and its importance for the attainment of peace and security, the risks of unequal development in different countries, the importance of healthy development of children and the role of health and social measures. This is in line with statements in Health 21 (10) as well as the opening statement of Health 2020 (4): “Good health is an asset and a source of economic and social stability. It is key to reducing poverty and both contributes to and benefits from sustainable development.”

It is interesting to note, however, that SDG 6 (water and sanitation), SDG 7 (energy), SDG 14 (oceans), SDG 15 (ecosystems) and SDG 17 (implementation) are among the least addressed of the SDGs in terms of WHO resolutions. Some of this can be explained by commitments that are actually addressed by other United Nations agencies and their programmes. This may also be the case for areas that do have global conventions, such as for climate change (United Nations Framework Convention on Climate Change), chemical safety (United Nations Environment Programme) and occupational health (International Labour Organization). This area shows, however, that simply identifying a low number of commitments does not allow conclusions to be drawn with respect to their priority, aims, interventions, comprehensiveness and effectiveness. On the contrary, a large number of commitments will not automatically increase their effectiveness, and strategies and action plans under the lead of other agencies may also address sufficiently the improvement of health and well-being.

Differences in coverage on a global and regional level can be explained in two ways. First, the identified commitments reflect specific needs in the Region as well as specific technical and financial capacities. Second, a lower number of commitments at the regional level (e.g. for SDG 3.9, reducing the number of deaths from hazardous chemicals) may simply reflect that valid global resolutions and action plans already exist, thus reducing the need for specific adaptation to the European context. In addition, overarching policy frameworks such as Health 2020 (4) tackle many topics, including medical research, financial resources for health systems and the crucial role of equity in advancing the theme of no one left behind.

The mapping exercise for selected WHO action plans that address several SDGs showed that several commitments support an integrated cross-sectoral approach and so have a fundamental and far-reaching effect on the implementation of the 2030 Agenda (1,4). In this respect, the importance of the long-standing and exclusive expertise and experience of WHO in addressing specific disease burden and risk (e.g. malaria, neglected tropical diseases, cancer) should not be neglected.

Addressing social determinants of health appears to be a true gap in the regional portfolio of commitments (11,12), although addressing inequalities is one of the strategic objectives of Health 2020. Its potential effect on many SDG 3 targets as well as non-health SDGs was demonstrated in this study when considering the Marmot Review (13). Mapping the links of this report on action on the social determinants of health showed how potential improvements in social determinants of health would be strongly interconnected with health-related and other SDGs (data not shown). It was already noted in Health 21 that “for the same level of income, societies with less income inequality tend to have more social cohesion, less violent crime and lower death rates, particularly from heart diseases” (10).

Conclusions

The WHO already has the potential to substantially contribute to the implementation of the 2030 Agenda through implementation of existing resolutions and strategies/action plans and utilization of identified linkages. The WHO Regional Office for Europe can rely on its strengths in the areas of health system and health services strengthening, environment and health, and noncommunicable and communicable diseases, as well as for the health of women, children and the elderly throughout the life-course.

The WHO Regional Office for Europe has formulated several overarching strategies and action plans that contribute to achieving several SDG 3 targets as well as other SDGs. These also address public health topics that appear to be less represented on the regional level and it remains to be determined how this will be reflected in the SDG implementation. Single specific action plans or strategies for some topics may further underline their priority.

The portfolio of commitments of the WHO Regional Office for Europe could benefit from revisiting those areas where some gaps exist. Effective interventions addressing the determinants of health have the potential to target the majority of aspects related to the 2030 Agenda and the SDGs.

Monitoring and evaluation of implementation and effectiveness require the formulation of aims (already outlined in resolutions) and targets with defined indicators and clear time frames for achievement. Intensified multidisciplinary and cross-sectoral collaboration and complementation with programmes of other United Nations and international agencies could further strengthen the overall efforts of WHO and the WHO Regional Office for Europe.

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Annex 1. List of relevant SDGs and SDG 3 targets

SDGs and SDG 3 targets as outlined in the United Nations 2030 Agenda (1).

Sustainable Development Goals

- 1 End poverty in all its forms everywhere
- 2 End hunger, achieve food security and improved nutrition and promote sustainable agriculture
- 3 Ensure healthy lives and promote well-being for all at all ages
- 4 Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
- 5 Achieve gender equality and empower all women and girls
- 6 Ensure availability and sustainable management of water and sanitation for all
- 7 Ensure access to affordable, reliable, sustainable and modern energy for all
- 8 Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all
- 9 Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation
- 10 Reduce inequality within and among countries
- 11 Make cities and human settlements inclusive, safe, resilient and sustainable
- 12 Ensure sustainable consumption and production patterns
- 13 Take urgent action to combat climate change and its impacts
- 14 Conserve and sustainably use the oceans, seas and marine resources for sustainable development
- 15 Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
- 16 Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels
- 17 Strengthen the means of implementation and revitalize the Global Partnership for Sustainable Development.

SDG 3 health and well-being for all at all ages targets

- 3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100 000 live births
- 3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1000 live births and under 5 mortality to at least as low as 25 per 1000 live births
- 3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases
- 3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being
- 3.5 Strengthen the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol
- 3.6 By 2020, halve the number of global deaths and injuries from road traffic accidents

- 3.7 By 2030, ensure universal access to sexual and reproductive health-care services, including for family planning, information and education, and the integration of reproductive health into national strategies and programmes
- 3.8. Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all
- 3.9. By 2030, substantially reduce the number of deaths and illnesses from hazardous chemicals and air, water and soil pollution and contamination
- 3a. Strengthen the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate
- 3b Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade-Related Aspects /of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all
- 3c Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States
- 3d Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

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